

# Consumer Council News

December 20, 2004

Volume 8, Issue 1

## Federal Survey

The University of Michigan today released its annual American Customer Satisfaction Index (ACSI) for the federal government. The survey, based on 10,000 respondents grading 39 services provided by 25 departments and agencies, measures how well federal agencies serve the public.

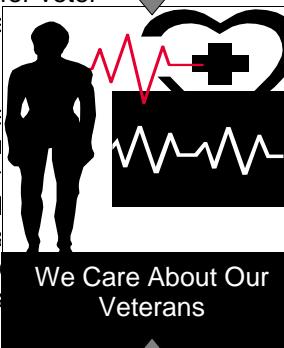
The overall score for the federal government was 72.1 on ACSI's 100-point scale, up from 70.9 in 2003. The Department of Veterans Affairs' National Cemetery Administration was the top scorer, with a grade of 95. VHA inpatients at VA medical centers and outpatients at VA clinics came in 6th and 7th!

## Secretary Principi to leave VA

President Bush has nominated Jim Nicholson to replace Secretary Principi as head of the Department of Veterans Affairs. Secretary Principi was appointed in 2001 and has led a number of accomplishments at VA. He has been an advocate for veterans working on streamlining of benefits, shortening wait times for veterans, and supporting mental health services for veterans. Secretary Principi has been highly regarded by both staff within the system as well as veteran advocates outside the Department of Veteran Affairs. Secretary Principi was instrumental in supporting the Mental Health Strategy which contains many recommendations to improve mental health services to those suffering from mental illness. It was also with foresight to the returning Iraq soldiers that Secretary Principi worked to provide a seamless transition between the military

and the VA.

Jim Nicholson is a graduate of West Point and is a retired colonel of the Army. He is a former Republican national Committee chairman and has served since 2001 as Ambassador to the Vatican. Jim will be coming into the VA at a time as VA needs to develop and expand services for the returning Iraq veterans, veterans with mental health challenges. It is anticipated that there will be military shortfalls this coming year. Challenges will be great in the future to meet the needs of veterans.



We Care About Our Veterans

## VA Anticipates Iraq Veterans Needing Mental Health Services

The Department of Veterans Affairs states that nearly 31,000 veterans of Operation Iraqi Freedom have applied for disability benefits for injuries or psychological ailments. Through the end of September, the Army had evacuated 885 troops from Iraq for psychiatric reasons, including some who had threatened or tried suicide. The symptoms of post-traumatic stress disorder do not emerge until months after discharge and will be a condition that will need screening and treatment. To detect signs of trouble, the Department of Defense gives soldiers pre-deployment and post-deployment health questionnaires. Seven of 17 questions to soldiers leaving Iraq seek signs of depression, anxiety and post-traumatic stress disorder. The Army has deployed "combat stress

control units" in Iraq to provide treatment quickly to soldiers suffering from emotional overload, keeping them close to the healing camaraderie of their unit. There have been over 6,000 Iraqi and Afghanistan veterans who have contacted Vet Centers reporting symptoms of psychological trauma. The Special Committee on PTSD has recommended that every VA medical center establish a PTSD Clinical Team and that each Vet Center locates a family therapist. The emphasis will be on prevention and early engagement of veterans needing treatment.

Online Newsletter  
[www.mentalhealth.med.va.gov/cc](http://www.mentalhealth.med.va.gov/cc)

Newsletter sponsored by  
VA Mental Health  
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FAX comments to  
Lucia Freedman at  
202-273-9069 or  
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## PRISM Study-Elderly and Mental Health

As part of a national effort to improve access to mental health and substance abuse services for older adults, the Substance Abuse and Mental Health Services Administration (SAMHSA) initiated a multisite study, the Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISM-E) program to compare integrated care (IC) and enhanced specialty referral (ESR) service models for treating mental health or substance abuse (MH/SA) conditions in older primary care patients. The study is significant in its extensive federal partnerships that include substantial contributions and collaboration from the Department of Veterans Affairs (VA), the Health Resources and Services Administration (HRSA), and the Centers for Medicare and Medicaid (CMS). Over 25,000 older adults were screened for mental health and alcohol drinking problems in primary care settings. More than 2,200 elderly primary care patients with depression, anxiety, and at-risk

drinking participated in the study.

Findings from this randomized multisite study included:

- ⇒ Specialty referral (ESR) was associated with a greater reduction in depression severity compared to integrated care (IC). This suggest for older persons with major depression referral to specialty mental health clinics is superior.
- ⇒ Older primary care patients reported significantly higher satisfaction with the integrated mental health care than with the enhanced specialty referral care. This suggest overall primary care patients would prefer mental health services delivered in the primary care setting.
- ⇒ There was a substantial number of elderly(65+) who evidenced behavioral health problems indicating the need for screening at primary care settings and for engaging the elderly in treatment.

### What Helps and What Hinders Mental Health Recovery

In a report produced by the National Association of State Mental Health Program Directors and the National Technical Assistance Center for State Mental Health Planning recovery was analyzed as to what helps and what hinders mental health recovery. Among the findings was that unemployment was very common and that receiving government benefits contained disincentives with regard to regaining employment. Many participants in the study pointed out the fear and risk of losing benefits often stops them from seeking employment. Even when one is successfully employed, fear persists concerning how employers and co-workers will react if they learn about one's mental illness. What helps is having access to, and choice among meaningful work opportunities, and a focus on career development. Engaging in advocacy was seen as a means to gaining a voice, of moving toward independence. Participants

of the study identified personal or self-advocacy as integral to recovery, but also identified the importance of engaging in joint or systemic advocacy activities. Being a part of situations in which others engaged in advocacy can trigger one's own sense of power. Participants valued experiences of being invited to, and involved in, program and policy decision making forums such as serving on advisory committees.

Peer support that is adequately funded with a wide availability of Peer Support Resources was seen as a help toward recovery. A hindrance was not having peer support particularly in rural areas and lack of funding for these programs. Support groups and self-help were seen positively while professional mistrust of peer support was seen as a hindrance.

Mental Health Recovery:What Helps and What Hinders? Available online at [www.nasmhpdc.org/publications.cfm#techreports](http://www.nasmhpdc.org/publications.cfm#techreports)

### Information and Resources

Web site where veterans and their families can access information and forms to request copies of military personnel records:  
[www.archives.gov/research\\_room/vetrecs/index.html](http://www.archives.gov/research_room/vetrecs/index.html)